

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution – General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 9-28-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The muscle testing, ROM testing, office visits, therapeutic exercises and kinetic activities **were found** to be medically necessary. The supplies & materials, mechanical traction, diathermy, electrical stimulation therapy, chiropractic manipulation, and massage therapy from 11-13-03 through 3-30-03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 11-17-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Regarding the following fee items: Per Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge). The requestor billed less than the MAR, therefore, that is the amount that is recommended to be reimbursed.

Neither the carrier nor the requestor provided EOB's CPT codes 99213-25, 97012, 98940, 97024, 97124, and 98943 for date of service 10-16-03. However, review of the reconsideration HCFAs and certified mail receipt reflected proof of billing in accordance with 133.307 (e)(2)(B). **Recommend reimbursement per the Medicare Fee Guidelines as follows:**

CPT code 99213-25 – \$58.99

CPT code 97012 – \$17.20

CPT code 98940 – \$30.13

CPT code 97024 – \$5.53

CPT code 97124 – \$25.69

CPT code 98943 – \$27.97

CPT code 98940 for dates of service and 11-19-03, 1-7-04 and 3-18-04 was denied with a G – “The value of the procedure is included in the value of another procedure performed on this date.” Per rule 133.304(c) Carrier didn’t specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. **Recommend reimbursement of \$90.39. (\$30.13 x 3)**

CPT code 99070 for dates of service 11-19-03 and 3-3-04 (2 units) was denied by the carrier with a JM. Pursuant to Rule 133.304(c). “The explanation of benefits shall include the correct payments exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s).” The carrier’s EOB denials are unclear. In accordance with 134.202(b): for billing, reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the Medicare program reimbursement methodologies. **Therefore, no reimbursement is recommended.**

CPT code 99080-73 on date of service 11-19-03 and 4-1-04 was denied with an “F”. However, the TWCC-73 is a required report and can be submitted every two weeks. Requestor submitted relevant information to support delivery of service. Per 133.106(f)(i) **recommend reimbursement of \$30.00. (\$15.00 x 2)**

CPT code 99213-25 on 2-9-03, 2-10-03, 3-22-03 was denied with a G – “The value is included in the value of another procedure performed on this date. Per Rule 133.304 (c) Carrier didn’t specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. **Recommend reimbursement of \$176.97. (\$58.99.00 x 3)**

CPT code 98940 on 2-11-04 was denied with an F – “The code or modifier billed is inaccurate.” In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service and the carrier did not reimburse partial payment or give a rationale for not doing so. **Reimbursement is recommended in the amount of \$30.13.**

CPT code 97750-MT on 2-26-04, 3-15-04, 4-1-04 for a total of 12 units was denied with a G – “The value is included in the value of another procedure performed on this date.” Per Rule 133.304 (c) Carrier didn’t specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. **Recommend reimbursement of \$400.92. (\$33.41 x 12)**

CPT code 95851 on 2-26-04, 4-1-04 was denied with a G – “The value is included in the value of another procedure performed on this date.” Per Rule 133.304 (c) Carrier didn’t specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. **Recommend reimbursement of \$61.20. (\$30.60 x 2)**

CPT code 99212-25 on 2-10-04, 3-3-04, 3-9-04, 3-11-04, 3-18-04, 3-24-04, 3-26-04 and 3-30-04 was denied with a G – “The value is included in the value of another procedure performed on

this date." Per Rule 133.304 (c) Carrier didn't specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. **Recommend reimbursement of \$335.28. (\$41.91 x 8)**

CPT code 99211-25 on 3-4-04, 3-8-04 and 3-12-04 was denied with a G - "The value is included in the value of another procedure performed on this date." Per Rule 133.304 (c) Carrier didn't specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. **Recommend reimbursement of \$69.75. (\$23.25 x 3)**

CPT code 98940 on 3-11-04 was denied with an M- "No MAR". However, TWCC has set a MAR for this service. **Recommend reimbursement of \$30.13.**

CPT code 99213-25 on 3-22-04 was denied with a G - "The value is included in the value of another procedure performed on this date." Per Rule 133.304 (c) Carrier didn't specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. **Recommend reimbursement of \$58.99.**

CPT code 97150 on 3-24-04, 3-26-04, 3-30-04 was denied with a Y - No explanation was given. However, "Y" should not be used alone, but always in conjunction with "U" or "V". **Reimbursement is recommended in the amount of \$62.94. (\$20.98 x 3)**

This Findings and Decision is hereby issued this 17<sup>th</sup> day of December, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees from 10-16-03 through 4-1-04 as outlined above:

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c) and 134.202(c)(6);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 17<sup>th</sup> day of December 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/da

Enclosure: IRO decision

December 9, 2004

TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M5-05-0404-01

CLIENT TRACKING NUMBER: M5-05-0404-01 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

Records from the State:

- Notification of IRO Assignment, 11/17/04
- Medical Dispute Resolution form, 11/17/04
- Medical Dispute Resolution Request/Response form
- Table of Disputed Services
- Explanation of Benefits forms, 24 pages

Records from SCD Back and Joint Clinic

- Letter from Rusty Chandler, Back and Joint Clinic, 11/30/04
- Medical Dispute Resolution form, 11/17/04
- Retrospective Review Information Request, 11/22/04
- 10 page report from Dr. Wyatt dated, 11/25/03
- TWCC-73 Work Status Report from Dr. Wyatt dated 12/1/03
- Lumbar ROM report dated 11/25/03
- Thoracic ROM report dated 11/25/03
- Shoulder ROM report dated 11/25/03

- 10 page report from Dr. Wyatt dated 1/8/04
- TWCC-73 Work Status Report from Dr. Wyatt dated 1/12/04
- Lumbar ROM report dated 1/8/04
- Shoulder ROM report dated 1/8/04
- Thoracic ROM report dated 1/8/04
- 2 page report from John Kenney MD dated 12/16/03
- 10 page report from Dr. Wyatt dated 2/26/04
- TWCC-73 Work Status Report from Dr. Wyatt dated 2/27/04
- Right shoulder ROM report dated 2/26/04
- 10 page report from Dr. Wyatt dated 4/1/04
- TWCC-73 Work Status Report from Dr. Wyatt dated 4/1/04
- Right shoulder ROM report dated 4/1/04
- 1 page letter from Masaki Oishi MD dated 3/2/04
- 3 page report from Dr. Oishi dated 3/2/04
- TWCC-73 Work Status Report from Dr. Wyatt dated 10/30/03
- TWCC-73 Work Status Report from Dr. Wyatt dated 11/19/03
- TWCC-73 Work Status Report from Dr. Wyatt dated 12/1/03
- TWCC-73 Work Status Report from Dr. Wyatt dated 2/9/04
- TWCC-73 Work Status Report from Dr. Wyatt dated 5/10/04
- 1 page PT prescription dated 2/24/04
- 3 pages of Delorme Muscle Testing charts
- 78 pages of progress notes from Dr. Wyatt
- 3 pages of DME documentation
- 1 page letter from Dr. Wyatt dated 6/30/03
- 1 page letter from Dr. Wyatt dated 7/17/03
- 1 page x-ray report from Brazos Valley Open MRI dated 7/8/03
- 2 page lumbar MRI report dated 7/11/03
- 5 page report from Randall Light MD dated 7/30/03
- 3 page report from John Kenney MD dated 11/6/03
- 5 page report from Dr. Suchowiecky dated 9/18/03
- 1 page letter from Dr. Wyatt dated 8/18/03
- 3 page report from Dr. Berliner dated 8/25/03
- 2 page lumbar CT scan dated 8/13/03
- 1 page right shoulder MRI study dated 7/22/03
- 2 page report from Dr. Kenney dated 11/20/03
- 1 page report from Rick Seabolt MD dated 11/26/03
- 2 page lumbar ESI report dated 11/20/03
- 1 page discogram and post-discogram CT report dated 2/6/04
- 6 page report from Liberty Mutual dated 2/4/04
- 1 page letter from Dr. Wyatt dated 1/13/04
- 2 page report from Dr. Kenney dated 12/16/03
- 2 page report from Dr. Berliner dated 12/15/03
- 3 page report from Dr. Kenney dated 12/16/03

- 2 page report from Dr. Light dated 3/25/04
- 2 page report from Uma Gullapalli MD dated 2/5/04
- 2 pages of medical reports dated 9/29/03 and 10/27/03

#### **Summary of Treatment/Case History:**

The patient, a 59-year-old male, was injured on the job on \_\_\_ after lifting pieces of iron. He went to John Wyatt DC on 6/25/03 and he began a course of chiropractic and physical therapy care.

The claimant underwent an orthopedic consultation with Kenneth Berliner MD on 8/25/03 and he complained of back pain and numbness in the bottom of the right foot. He also complained of pain aggravated by prolonged sitting and standing. The examination was essentially unremarkable with the exception of reduced sensation in the right S1 distribution and painful lumbar extension. Imaging of the lumbar spine revealed spondylolysis at L5 and bulging of the L3-4 disc. Dr. Berliner indicated that previous electrodiagnostic evaluations of the upper and lower extremities were normal and MRI of the right shoulder revealed evidence of acromioclavicular joint hypertrophy. Dr. Berliner recommended conservative care.

The claimant saw Dr. Kenney on 11/20/03 and he received epidural steroid injections. The claimant was re-examined by Dr. Berliner on 12/15/03 and he continued to complain of back pain and toe numbness that was present all the time. Imaging studies revealed spondylolysis and gross instability with flexion and extension. Dr. Berliner recommended a pre-operative lumbar discogram. He received a second round of epidural steroid injections on 12/16/03 and a neurosurgical consultation was recommended on 1/8/04.

The patient underwent a discogram and post-discogram CT scan on 2/6/04 and the study revealed no abnormalities in the L4-5 disc and significant degenerative disc and facet disease was noted from L4-5 to L5-S1 with the presence of a grade I spondylolisthesis.

The patient underwent right shoulder surgery on 2/20/04 and he was re-examined by the chiropractor on 2/24/04 and another course of active care was initiated. The patient underwent a neurosurgical examination with Masaki Oishi MD on 3/2/04 and Dr. Oishi recommended a lumbar fusion surgery.

#### **Questions for Review:**

The dates of service in dispute are 11/13/03 through 3/30/04. Codes #99070 supplies and materials (industrial lumbar support with suspenders DME#09, Biofreeze DME#28), #97012 mechanical traction, #97024 diathermy, #97139-EU electrical stimulation therapy, #97124 massage therapy, office visits (#99212-25, #99212, #99213, #99213-25, and #99211-25), #97750 muscle testing, #95851 ROM testing, #97110 therapeutic exercises, #97150 kinetic activities, and chiropractic manipulation (#98940, #98941, #98943) were denied by carrier as U – unnecessary medical without a peer review.

1. Please address medical necessity only for these services.

**Explanation of Findings:**

The use of the lumbar support (#99070) was not medically necessary in this case. Jellema et al conducted a systematic review of randomized and nonrandomized controlled trials to assess the use of lumbar supports in the treatment of low back pain and in the prevention of onset (primary prevention) or recurrences of a low back pain episode (secondary prevention). Five randomized and two nonrandomized preventive trials and six randomized therapeutic trials were included in the review. Only 4 of the 13 studies were of high quality. There was moderate evidence that lumbar supports are not effective for primary prevention. No evidence was found on the effectiveness of lumbar supports for secondary prevention. The systematic review of therapeutic trials showed that there is limited evidence that lumbar supports are more effective than no treatment, whereas it is still unclear whether lumbar supports are more effective than other interventions for treatment of low back pain. (Jellema, P, et al, "Lumbar supports for prevention and treatment of low back pain: a systematic review within the framework of the Cochrane Back Review Group", Spine 2001 Feb 15;26(4):377–86)

The #97012 mechanical traction, #97024 diathermy, #97139–EU electrical stimulation therapy, #99707 Biofreeze, and #97124 massage therapy were not medically necessary from 11/13/03 through 3/30/04. The patient in this case had been under chiropractic care since the end of June 2003 and the protracted use of passive modalities in the management of back and shoulder disorders is not recommended per current literature.

The Agency for Health Care Policy and Research: Clinical Practice Guideline Number 14, "Acute Low Back Problems In Adults" indicates that "the use of physical agents and modalities in the treatment of acute low back problems is of insufficiently proven benefit to justify its cost. They did note that some patients with acute low back problems appear to have temporary symptomatic relief with physical agents and modalities. Therefore, the use of passive physical therapy modalities (hot/cold packs, electrical stimulation) is not indicated after the first 2–3 weeks of care.

According to the Philadelphia Panel's Evidence-Based Guidelines on Selected Rehabilitation Interventions for Shoulder Pain, none of the modalities used in the treatment of the patient were supported by the study. Ultrasound provided clinically important pain relief relative to a control for patients with calcific tendinitis in the short term (less than 2 months). There was good agreement with this recommendation from practitioners (75%). For several interventions and indications (eg, thermotherapy, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy. (Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Shoulder Pain. Phys Ther. 2001;81:1719–1730)

The Philadelphia Panel found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (eg, thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. (Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain. Phys Ther. 2001;81:1641–1674).

#97750 muscle testing, #95851 ROM testing, #97110 therapeutic exercises, and #97150 kinetic activities were medically necessary from 11/13/03 through 3/30/04.

Office visits (#99212-25, #99212, #99213, #99213-25, and #99211-25) were medically necessary from 11/13/03 through 3/30/04.

Chiropractic manipulation (#98940, #98941, #98943) was not medically necessary from 11/13/03 through 3/30/04. A review of the documentation revealed that the patient had been treated with chiropractic care from 6/25/03 to November of 2003, which was a treatment duration of 4 1/2 months. The maximum therapeutic benefits associated with manipulation are noted in the first few weeks of care.

Bronfort noted that, based on the most recent and comprehensive systematic reviews, there is moderate evidence of short-term efficacy for spinal manipulation in the treatment of both acute and chronic low back pain. There is insufficient data available to draw conclusions regarding the efficacy for lumbar radiculopathy. The evidence is also not conclusive for the long-term efficacy of spinal manipulation for any type of low back pain. (Bronfort G. "Spinal manipulation: current state of research and its indications." *Neurol Clin* 1999 Feb;17(1):91-111)

Haldeman et al indicated that most cases resolve well within six weeks of intervention, which is consistent with the expectations from natural history (Haldeman, S., Chapman-Smith, D., and Petersen, D., *Guidelines for Chiropractic Quality Assurance and Practice Parameters*, Aspen, Gaithersburg, Maryland, 1993, p. 121).

Triano studied the differences in treatment history with manipulation for acute, subacute, and recurrent spine pain and found that all but 25 (10.37%) of the original 241 patients in the study had their conditions resolve in six weeks or less. (Triano, J.J., et al, "Differences in treatment history with manipulation for acute, subacute, chronic, and recurrent spine pain", *JMPT*, 15:24-30, 1992.)

Haldeman reported that manipulation appears to have its greatest effect immediately following treatment and during the initial two to six weeks of ongoing treatment. Haldeman noted that the effectiveness of manipulation for the management of back pain seems to be minimal at 3 months to 12 months (Haldeman, S. "Spinal manipulative therapy: A status report", *Clinical Orthopedics and Related Research*, 179:62-70, 1983)

Cox and Schreiner conducted a multicenter observational pilot study to compile statistics on 576 patients with low back and/or leg pain. The purpose was to determine the congenital and developmental changes in patients with low back and/or leg pain, the combinations of such anomalies, the accuracy of orthodox diagnostic tests in assessing low back pain, ergonomic factors affecting onset and, ultimately, the specific difficulty factors encountered in treating the various conditions seen in the average chiropractor's office. For all conditions treated, the average number of days to attain maximum improvement was 43 and the number of visits 19. It was concluded that this study provided useful data for assessment of routine chiropractic office based diagnosis and treatment of related conditions;



however, further controlled studies are necessary for validation of specific parameters (Cox JM, and Shreiner S., "Chiropractic manipulation in low back pain and sciatica: statistical data on the diagnosis, treatment and response of 576 consecutive cases", J Manipulative Physiol Ther 1984 Mar;7(1):1-11) Chiropractic literature clearly demonstrates that the response to manipulation diminishes as the length of the condition increases. McDonald and Bell, in an open controlled pilot trial on nonspecific low back pain patients to assess the effects of spinal manipulation (McDonald, R.S., and Bell, C., "An open controlled assessment of osteopathic manipulation in nonspecific low back pain", Spine, 15:364-370, 1990), found that after 4-6 weeks there was no appreciable improvement in the disability index (a measure of activities of daily living interference).

#### **Conclusion/Partial Decision to Certify:**

1. Please address medical necessity only for these services.

#97750 muscle testing, #95851 ROM testing, #97110 therapeutic exercises, and #97150 kinetic activities were medically necessary from 11/13/03 through 3/30/04.

Office visits (#99212-25, #99212, #99213, #99213-25, and #99211-25) were medically necessary from 11/13/03 through 3/30/04.

The use of the lumbar support (#99070) was not medically necessary in this case.

The #97012 mechanical traction, #97024 diathermy, #97139-EU electrical stimulation therapy, 99707 Biofreeze, and #97124 massage therapy were not medically necessary from 11/13/03 through 3/30/04.

Chiropractic manipulation (#98940, #98941, #98943) was not medically necessary from 11/13/03 through 3/30/04.

#### **Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993

#### **References Used in Support of Decision:**

Jellema, P, et al, "Lumbar supports for prevention and treatment of low back pain: a systematic review within the framework of the Cochrane Back Review Group", Spine 2001 Feb 15;26(4):377-86

Agency for Health Care Policy and Research: Clinical Practice Guideline Number 14, "Acute Low Back Problems In Adults"

Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Shoulder Pain. Phys Ther. 2001;81:1719-1730

Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain. Phys Ther. 2001;81:1641-1674

Bronfort G. "Spinal manipulation: current state of research and its indications." *Neurol Clin* 1999 Feb;17(1):91-111

Triano, J.J., et al, "Differences in treatment history with manipulation for acute, subacute, chronic, and recurrent spine pain", *JMPT*, 15:24-30, 1992.)

Haldeman, S. "Spinal manipulative therapy: A status report", *Clinical Orthopedics and Related Research*, 179:62-70, 1983

Cox JM, and Shreiner S., "Chiropractic manipulation in low back pain and sciatica: statistical data on the diagnosis, treatment and response of 576 consecutive cases", *J Manipulative Physiol Ther* 1984 Mar;7(1):1-11

McDonald, R.S., and Bell, C., "An open controlled assessment of osteopathic manipulation in nonspecific low back pain", *Spine*, 15:364-370, 1990

-----

This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

1123915.1

vso